

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gleñda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005192**

1. Corporation Name

ZWS, INC.

Principal Place of Business

PO BOX 30033
PENSACOLA FL 32503

Mailing Address

PO BOX 30033
PENSACOLA FL 32503

REINSTATEMENT 3



300024743903
11/17/03--01018--022 **150.00

FILED
03 NOV 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1940563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDC	OLIVER, RONALD F	3110 LEESBURG SQUARE	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent

OLIVER, RONALD F
3110 LEESBURG SQUARE
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/10/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/03

CR2E040 (7/03)

November 10, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

Dear Ms. Secretary,

Enclosed please find my application for reinstatement.

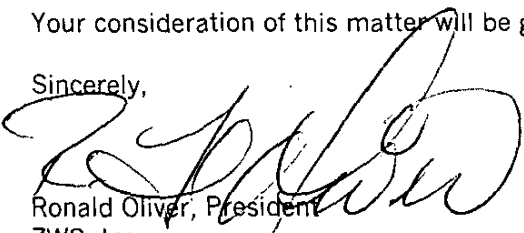
I respectfully request the abatement of penalty due to reasonable cause:

1. I did not receive a Corporate Annual Report from the State of Florida.
2. Due to my business, I was in Africa most of the spring.

Also please find enclosed my check for the annual fee.

Your consideration of this matter will be greatly appreciated.

Sincerely,



Ronald Oliver, President
ZWS, Inc.